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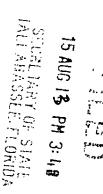
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COVER LETTER

Registration Section

Division of Corporations :OT

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Tallahassee, FL 32301 2661 Executive Center Circle Clifton Building Division of Corporations Registration Section STREET/COURIER ADDRESS:

WYIFING YDDKE2S:

Tallahassee, FL 32314 P.O. Box 6327 Division of Corporations Registration Section



August 5, 2015

HELMUT FORERO 1250 S PINE ISLAND RD 5TH FLOOR PLANTATION, FL 33324

SUBJECT: WHAT'S UP PRODUCTIONS LLC

Ref. Number: L13000065187

We have received your document for WHAT'S UP PRODUCTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00016453

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHAT'S UP PRODUCTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/03/2013 and assigned Florida document number L13000065187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: HELMUT FORERO Name of New Registered Agent: 1250 SOUTH PINE ISLAND RD 5TH FLOOR New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

PLANTATION

If Changing Degistered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			■ Remove
			□ Change
MGR	HELMUT, FORERO	1250 S PINE ISLAND RD SUITE	Add
		-	□ Remove
			□ Change
MGR	KIRSTIE, WARD	250 S PINE ISLAND RD SUITE 5	Add
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Filing Fee: \$25.00